

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	213528164					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>THE UNIVERSITY OF PHOENIX, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b></p> <p><b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>AZ</b></p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: <b>7/31/2013</b></p> <p>SCC ID NO: <b>F1479486</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
6.) PRINCIPAL OFFICE ADDRESS: <div style="margin-left: 40px;">           ADDRESS: 4025 S RIVERPOINT PKWY                              CF-KX01             CITY/ST/ZIP: PHOENIX, AZ 85040         </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: WILLIAM PEPICELLO            TITLE: PRESIDENT            ADDRESS: 4025 S RIVERPOINT PKWY            CITY/ST/ZIP/CO: PHOENIX, AZ 85040         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WILLIAM PEPICELLO TITLE: PRESIDENT ADDRESS: 4025 S RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: WILLIAM PEPICELLO TITLE: PRESIDENT ADDRESS: 4025 S RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: RUSS PADEN            TITLE: VICE PRESIDENT            ADDRESS: 4025 S. RIVERPOINT PKWY            CITY/ST/ZIP/CO: PHOENIX, AZ 85040         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: RUSS PADEN TITLE: VICE PRESIDENT ADDRESS: 4025 S. RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: RUSS PADEN TITLE: VICE PRESIDENT ADDRESS: 4025 S. RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: MATTHEW BECKLER            TITLE: ASST TREASURER            ADDRESS: 4025 S. RIVERPOINT PKWY            CITY/ST/ZIP/CO: PHOENIX, AZ 85040         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MATTHEW BECKLER TITLE: ASST TREASURER ADDRESS: 4025 S. RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MATTHEW BECKLER TITLE: ASST TREASURER ADDRESS: 4025 S. RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: PATRICIA M FAIRFIELD            TITLE: ASST SECRETARY            ADDRESS: 4025 S RIVERPOINT PKWY            CITY/ST/ZIP/CO: PHOENIX, AZ 85040         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: PATRICIA M FAIRFIELD TITLE: ASST SECRETARY ADDRESS: 4025 S RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: PATRICIA M FAIRFIELD TITLE: ASST SECRETARY ADDRESS: 4025 S RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: MARY BETH ORSON            TITLE: SECRETARY            ADDRESS: 4025 S RIVERPOINT PKWY            CITY/ST/ZIP/CO: PHOENIX, AZ 85040         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: MARY BETH ORSON TITLE: SECRETARY ADDRESS: 4025 S RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MARY BETH ORSON TITLE: SECRETARY ADDRESS: 4025 S RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: CAROL ASLANIAN            TITLE: DIRECTOR            ADDRESS: 4025 S. RIVERPOINT PKWY            CITY/ST/ZIP/CO: PHOENIX, AZ 85040         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: CAROL ASLANIAN TITLE: DIRECTOR ADDRESS: 4025 S. RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CAROL ASLANIAN TITLE: DIRECTOR ADDRESS: 4025 S. RIVERPOINT PKWY CITY/ST/ZIP/CO: PHOENIX, AZ 85040	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	JOHN L. BURTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	GREGORY CAPPELLI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	JOSEPH L D'AMICO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4025 S RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	MERRILEE LEWIS ENGEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	CELESTINO FERNANDEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	EVERETTE J. FREEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	AMY GIBBONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	WILLIAM GOODLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	ROY A. HERBERGER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4025 S. RIVERPOINT PKWY		
CITY/ST/ZIP/CO:	PHOENIX, AZ 85040		
NAME:	Byron Jones	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4025 S. Riverpoint Parkway		
CITY/ST/ZIP/CO:	Phoenix, AZ 85040		
NAME:	Barry Feierstein	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4025 S. Riverpoint Parkway		
CITY/ST/ZIP/CO:	Phoenix, AZ 85040		

NAME:	Jerrad Tausz	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4025 S. Riverpoint Parkway		
CITY/ST/ZIP/CO:	Phoenix, AZ 85040		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PATRICIA M FAIRFIELD	PATRICIA M FAIRFIELD, ASST	6/17/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			